New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
PO Box 361
Trenton, NJ 08625-0361

ERROR / ACCIDENT REPORT

Instructions:

1. *As of May 1989, in compliance with Chapter 8, State Administrative Code: Collection, Processing, Storage and Distribution of Blood, N.J.A.C. 8:8-5.2(c) and (d), errors and/or accidents that result in shipment of unsuitable blood or blood components, shall be reported to the Department within 10 days of recognition of the error.*
2. *This requirement also applies: to any component that is unsuitable for distribution but as a result of an error is available for transfusion, fractionation, reagent production or research, and to any errors that result in the transfusion of blood, regardless of harm to the recipient.*
3. *Keep a copy for your records and forward the original report to the above address. If more space is needed, attach additional sheets.*
4. *If there are any questions, contact the Blood Bank unit at (609) 292-0522.*

Name of Blood Bank	Telephone Number
Name of Person Completing the Form	Telephone Number
Date of Error	Date Error Detected

Type of Error

- ☐ Infectious Disease Testing,

  Specify Test: _____

  - ☐ Improperly Tested
  - ☐ Not Tested
  - ☐ Properly Tested but Improperly Interpreted or Labeled

- ☐ ABO,

  Specify: _____

- ☐ Permanent Deferral,

  Specify: _____

- ☐ Confidential Unit Exclusion
- ☐ Transfusion-Related Septicemia
- ☐ Other, Specify: _____

ERROR / ACCIDENT REPORT, Continued

Name of Blood Bank	
Donation Number (s)	
Components Prepared from each Donation Number	
Components Transfused (List by Number)	
Successful Recall(s) (List by Number)	
Describe the Error	
Describe Corrective Action(s) taken to prevent error from recurring.	
Name of Blood Bank Director (Print)	
Signature of Blood Bank Director	Date Reported

Forward completed Report to address listed above; retain a copy for your records